OFFICE OF THE STATE TREASURER

STATEWIDE ACCOUNTING AND REPORTING SYSTEM (STARS)



AUTOMATED DEPOSIT SYSTEM INPUT

AGENCY USER'S MANUAL

EFFECTIVE JULY 1, 2000

CHAPTER	Manual Section Page Number
STARS AGENCY DEPOSIT USER'S MANUAL	Page 1
SECTION	Effective Date
AUTOMATED SYSTEM INPUT	July 1, 2000
SUB-SECTION	Revision Number
TABLE OF CONTENTS	00-001

Section	Page Number
General	2.
Magnetic Medium	3.
Bank Account Codes	4.
Agency Summary Report	5.
Batch Record Format	6.
Batch Record Layout	7.
Batch Record Instructions	8.
Header Record Format	10.
Header Record Layout	11.
Header Record Instructions	12.
Detail Record Format	15.
Detail Record Layout	16.
Detail Record Instructions	17.

CHAPTER	Manual Section Page Number
STARS AGENCY DEPOSIT USER'S MANUAL	Page 2
SECTION	Effective Date
AUTOMATED SYSTEM INPUT	July 1, 2000
SUB-SECTION SUB-SECTION	Revision Number
GENERAL	00-001

Turnaround time for STARS deposit transactions submitted to the State Treasurer's Office (STO) can be significantly reduced by submitting them electronically. It should be noted that the requirements for electronic documentation are less than for paper documentation. The agency summary report, see Schedule 1, must have all MICR encoded deposit slips attached, but no standard green deposit form is required. The detailed information required on the standard green deposit form must be on a magnetic medium, but is not required to be printed on the agency summary report, only the deposit total. Any agency desiring to submit transactions electronically must submit a test file on magnetic tape or diskette to the STO for approval prior to going to production.

The documentation for automated system input should be delivered to the Banking Operations Division of the STO with the tape number indicated on the summary report if the tape is created at the OIR Broad River Complex. From this number, the STO will authorize OIR to run the tape. If the agency creates a diskette or a tape not created at the OIR Broad River Road Complex, it should be sent to Banking Operations with the documentation.

Upon receipt of the information in Banking Operations, it will be loaded to a hold file and checked against the agency summary report and accompanying documentation.

All electronic deposits on the agency summary report must be by batch number in deposit date order subtotaling on bank number, see Schedule 1 for details. The size of the batch can vary from one document to 50 documents per batch. All bank wires, direct deposits, and ACH deposits should be batched as single deposits with an indicator on the agency summary report to identify them. This can be hand written on the report or indicated by computer note. Bank wires, direct deposits, and ACH deposits are usually for large amounts and do not have a MICR encoded deposit slip. Also, by not including these deposits with other deposits, they will not be held on the hold file if an error should occur in the batch or until the STO can verify all the data for a large batch.

Our policy on errors is that we will not change amounts. If the details of a deposit don't add or the deposit total does not match the MICR encoded deposit slip, it will be deleted from the batch and returned to the agency. If the batch total does not equal the individual deposits in the batch, the whole batch will be deleted and returned to the agency. If errors are made in certain fields not related to money such as the validation date or bank number, the STO will make the correction.

Our requirements for automated system input deposits regarding STARS transaction codes, which can be included on the same form, is the same as our standard green deposit form. In addition, our policies relating to validation are the same for both: missing validated deposit slips or illegible deposit slips should be sent to the STO as a separate item for Banking Operations to follow up on with the bank and the STO will continue to accept hand validation.

CHAPTER	Manual Section Page Number
STARS AGENCY DEPOSIT USER'S MANUAL	Page 3
SECTION	Effective Date
AUTOMATED SYSTEM INPUT	July 1, 2000
SUB-SECTION	Revision Number
MAGNETIC MEDIUM	00-001

The State Treasurer's Office is equipped to receive electronic input on cartridge tapes. The internal dataset name must be 'TSA.DEPOSIT'. Any cartridge created at the consolidated data center need not be sent to STO, only the volume number. We cannot accept 32 track cartridges. Input may also be sent on MS-DOS compatible 5½ or 3½ inch high or low density diskettes. Files should be in ASCII format and named 'DEPOSIT'. An external label must be affixed to the cartridge or diskette, which identifies it as Deposit input and indicates the affected agency, date and volume number if applicable.

Whatever medium is used, the data on the file should be sorted in ascending order by transaction ID (bytes 1-22).

The cartridge or diskette can be picked up from the State Treasurer's Office check distribution area, on the next working day after it is loaded to the pending audit file for processing into the deposit system.

CHAPTER	Manual Section	Page Number
STARS AGENCY DEPOSIT USER'S MANUAL		Page 4
SECTION	Effective Date	_
AUTOMATED SYSTEM INPUT	July 1, 2000	
SUB-SECTION	Revision Number	
BANK ACCOUNT CODES	00-001	

South Carolina State Treasurer's Office General Deposit Bank Account Codes and Numbers

CHAPTER	Manual Section Page Number
STARS AGENCY DEPOSIT USER'S MANUAL	Page 5
SECTION	Effective Date
AUTOMATED SYSTEM INPUT	July 1, 2000
SUB-SECTION	Revision Number
AGENCY BATCH SUMMARY REPORT	00-001

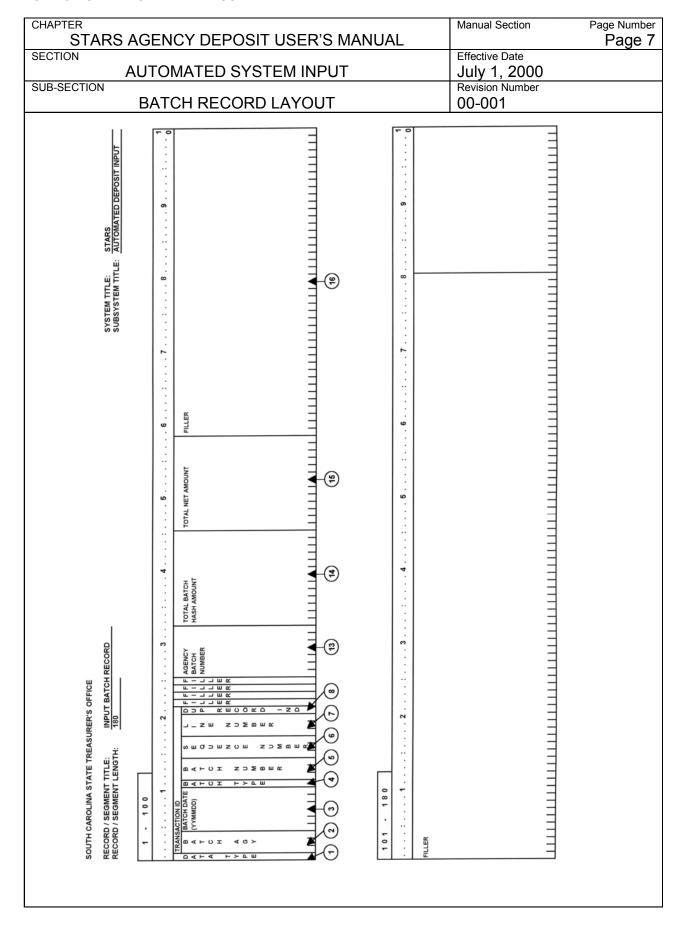
			.24	9.60	3.84	3.63	3.63	2.47
MM/DD/YY			30,914.24	0,	30,923.84	1,028.63	1,028.63	31,952.47
		AMOUNT	10,000.51 37.42 976.54 1.22 19,888.55	5.00 4.00 0.60		10.00 900.50 35.00 76.54 1.04		
REPORT		DATE	03/31/00 03/31/00 03/31/00 04/03/00 04/03/00	03/30/00 03/31/00 03/31/00		03/29/00 03/30/00 03/31/00 04/03/00 04/05/00		
AGENCY SUMMARY REPORT		SEQUENCE	002 005 006 007 008	001 003 004		001 002 003 004 005		
	AGENCY NAME	BANK	03100011 03100011 03100011 03100011 03100011 total 03100011	03100013 03100013 03100013 total 03100013	TOTAL	03100011 03100011 03100011 03100011 03100011 total 03100011	TOTAL	TOTAL ALL BATCHES
	AGY#	BATCH	102		102	103	103	

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CHAPTER	Manual Section Page Number
STARS AGENCY DEPOSIT USER'S MANUAL	Page 6
SECTION	Effective Date
AUTOMATED SYSTEM INPUT	July 1, 2000
SUB-SECTION	Revision Number
BATCH RECORD FORMAT	00-001

The BATCH RECORD LAYOUT is shown on the next page. The individual field definitions for the BATCH RECORD LAYOUT are listed in the BATCH RECORD INSTRUCTIONS sub-section. The "FIELD NAME" is descriptive of the field as it appears in the BATCH RECORD LAYOUT. The "TYPE/SIZE" reflects the required data format, whether alpha, numeric, or alpha-numeric, as well as the number of characters in the field and any special character format. The "FROM" and "TO" columns reflect the beginning and ending field positions as they also appear on the BATCH RECORD LAYOUT. The "DESCRIPTION" of the field defines the use and edit requirements for the field.

The circled numbers on the BATCH RECORD LAYOUT references the field number under the "NO." heading in the BATCH RECORD INSTRUCTIONS.



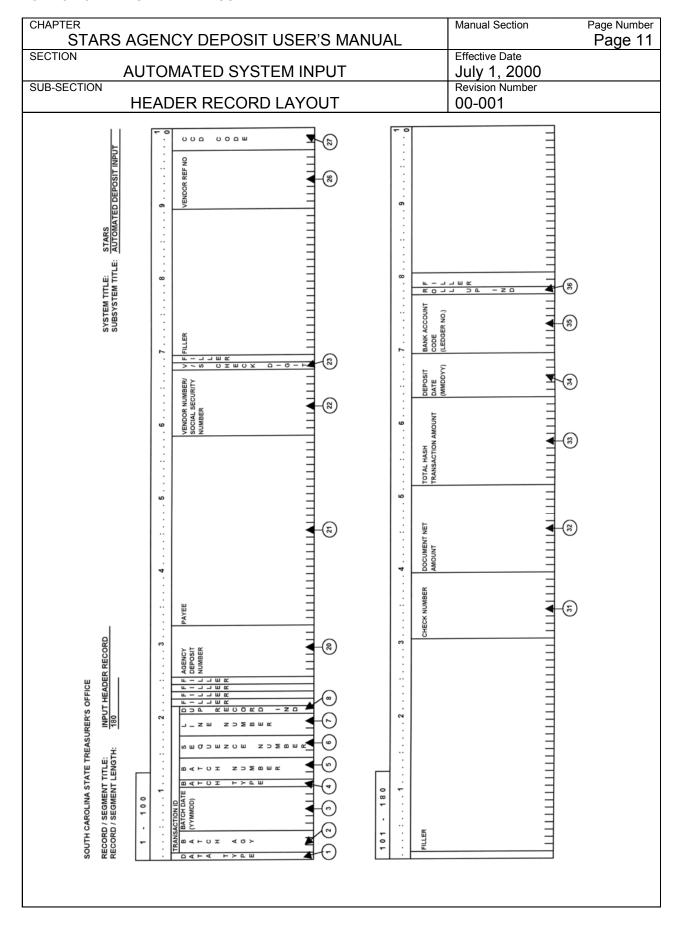
CHAPT	TER STARS AGENCY D	EPOSIT US	SER'S M	IANUAL	Manual Section Page Number Page 8				
SECTION	ON AUTOMATE				Effective Date July 1, 2000				
SUB-S	ECTION BATCH RECO	Revision Number 00-001							
NO.	FIELD NAME	TYPE/SIZE	<u>FROM</u>	<u>TO</u>	DESCRIPTION				
ID PC	ID PORTION								
1.	Data Type	Α	1	1	Enter an "A".				
2.	Batch Agency	A99	2	4	This is the Agency Number of the agency submitting the batch.				
3.	Batch Date	9(6)	5	10	This is the date corresponding to the batching process performed by the agency. Format is YYMMDD. This may be the date the computer created the record.				
4.	Batch Type	9	11	11	Always a "2".				
5.	Batch Number	999	12	14	This is the three-digit batch number controlled by the agency which corresponds to the first three digits of every Transaction ID Number within this batch. The first batch number for each day will be "001". For each batch on the tape this will be incremented by 1 until the maximum of 999 is reached.				
6.	Sequence Number	999	15	17	Enter zeros.				
7.	Line Number	999	18	20	Enter zeros.				
8.	Duplicate Record Ind	X	21	21	Enter an "A".				
9.	Filler	X	22	22	Enter a space.				
10.	Filler	X	23	23	Enter a space.				
11.	Filler	X	24	24	Enter a space.				
12.	Filler	X	25	25	Enter a space.				

CHAP1	FR					Manual Section Page N	Number
	STARS AGENCY D		ige 9				
SECTION						Effective Date	
	AUTOMATE	ED SYSTEM	I INPUT	ı		July 1, 2000	
SUB-S	ECTION					Revision Number	
	BATCH RECORD II	NSTRUCTIO	NS (co	ntinued))	00-001	
,						RIPTION	
DATA	A PORTION						
13.	Agency Batch Number	X(7)	26	32	control	• •	
14.	Total Batch Hash Amount	9(11)V99	33	45		s a hash total of all transats in this batch.	action
15.	Total Net Amount	9(11)V99	46	58	This is batch.	a net total of all dollar figure	s in a
16.	Filler	X(122)	59	180	Enter s	spaces.	

CHAPTER		Manual Section	Page Number
STARS	S AGENCY DEPOSIT USER'S MANUAL		Page 10
SECTION		Effective Date	
	AUTOMATED SYSTEM INPUT	July 1, 2000	
SUB-SECTION		Revision Number	
	HEADER RECORD FORMAT	00-001	

The HEADER RECORD LAYOUT is shown on the next page. The individual field definitions for the HEADER RECORD LAYOUT are listed in the HEADER RECORD INSTRUCTIONS sub-section. The "FIELD NAME" is descriptive of the field as it appears in the HEADER RECORD LAYOUT. The "TYPE/SIZE" reflects the required data format, whether alpha, numeric, or alpha-numeric, as well as the number of characters in the field and any special character format. The "FROM" and "TO" columns reflect the beginning and ending field positions as they also appear on the HEADER RECORD LAYOUT. The "DESCRIPTION" of the field defines the use and edit requirements for the field.

The circled numbers on the HEADER RECORD LAYOUT references the field number under the "NO." heading in the HEADER RECORD INSTRUCTIONS.



CHAPTER

OHA	STARS AGENCY D	Page 12			
SECTI	ON AUTOMATE	Effective Date July 1, 2000			
SUB-S	ECTION HEADER REC	Revision Number 00-001			
	TILADLIN NEO	OND INSTI	COCTIO	INO	00-001
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESCRIPTION
ID PC	ORTION				
1.	Data Type	Α	1	1	Enter an "A".
2	Batch Agency	A99	2	4	Must be the same as item 2 on Batch Record. This is the Agency number of the agency submitting the batch.
3.	Batch Date	9(6)	5	10	Must be the same as item 3 on Batch Record. This is the date corresponding to the batching process performed by the agency. Format is YYMMDD. This may be the date the computer created the record.
4.	Batch Type	9	11	11	Must be same as item 4 on Batch Record. Always a "2".
5.	Batch Number	999	12	14	Must be the same as item 5 on Batch Record. This is the three-digit batch number controlled by the agency which corresponds to the first three digits of every Transaction ID Number within this batch. The first batch number for each day will be "001". For each batch on the tape, this will be incremented by 1 until the maximum of 999 is reached.
6.	Sequence Number	999	15	17	Each document within a batch will be sequentially numbered starting with 001 and incremented by 1 until the end of the batch is reached. Maximum documents per batch is 050. No numbers will be skipped.
7.	Line Number	999	18	20	Enter zeros.
8.	Duplicate Record	X	21	21	Enter an "A".

Manual Section

Page Number

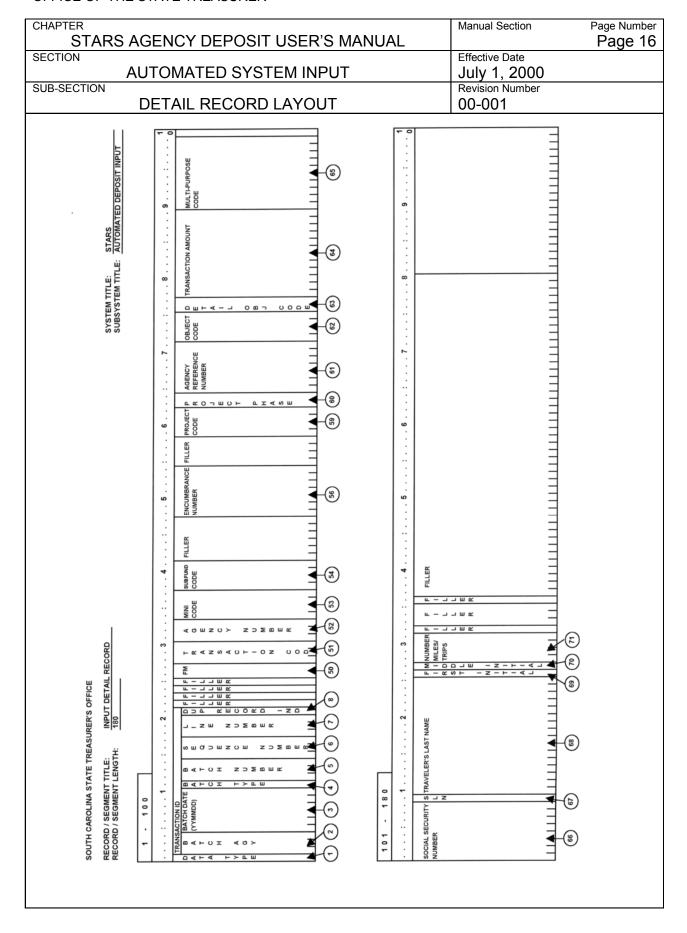
CHAPT	TER STARS AGENCY D	Manual Section Page Number			
SECTION		Effective Date			
	ECTION	July 1, 2000 Revision Number			
	HEADER RECORD	INSTRUCTI	ONS (C	ontinued	d) 00-001
NO.	FIELD NAME	TYPE/SIZE	<u>FROM</u>	<u>TO</u>	DESCRIPTION
DATA	A PORTION				
9.	Filler	X	22	22	Enter a space.
10.	Filler	X	23	23	Enter a space.
11.	Filler	X	24	24	Enter a space.
12.	Filler	X	25	25	Enter a space.
20.	Agency Deposit Number	X(7)	26	32	Enter the agency assigned document number.
21.	Payee	X(26)	33	58	Enter the name of the person or vendor who is making the refund. Payee is required when using Transactions Codes 220, 230, 231, 240, 245. Space fill if Payee is not used.
22.	Vendor / Social Security Number	9(9)	59	67	Enter the vendor or social security number for the payee in Field 21. Use of this field is required if Field 21 is required. Zero fill if this field is not required.
23.	V/S	X	68	68	If the number in Field 22 is a vendor number, enter a "V". If the number is a social security number enter an "S". Space fill if Field 22 is not required.
24.	Filler	X	69	69	Enter a space.
25.	Filler	X(20)	70	89	Enter spaces.
26.	Vendor Reference	X(8)	90	97	Enter spaces.
27.	C-C-D Code	X(4)	98	101	Use of this field is optional for Transaction Codes 200, 215, 230, 231 and is not required for all other deposit transaction codes. Enter the four-digit code that represents the city, county, or district that is submitting revenue. Zero fill if no CCD code is used.
28.	Filler	X(29)	102	130	Enter spaces.

CHAPT		Manual Section Page Number				
05071	STARS AGENCY D	Page 14				
SECTIO	AUTOMATE	Effective Date July 1, 2000				
	ECTION					Revision Number
ŀ	HEADER RECORD	INSTRUCTI	ONS (co	ontinue	d) (t	00-001
NO.	FIELD NAME TYPE/SIZE FROM TO DESCR					RIPTION
	PORTION inued)					
31.	Check Number	X(9)	131	139	Do not	use. Zero fill.
32.	Document Net Amount	9(10)V99	140	151		the net total of all transactions of cument.
33.	Total Hash Transaction Amount	9(10)V99	152	163		s the hash total of all transactions document.
34.	Deposit Date	9(6)	164	169		t MMDDYY. Enter <u>validated</u> <u>date</u> ommercial deposit.
35.	Bank Account Code	9(8)	170	177	Ledge	r Account Number.
36.	Roll Up Indicator	9	178	178	pre-ap deposi has p submit Roll batche Excep	p Indicator will be "0" Except for proved, batched "cash flow" its. The State Treasurer's Office re-approved certain agencies to batched "cash flow" deposits. Up Indicator for pre-approved, ed "cash flow" deposits will be "1", at for DHEC batched "cash flow" its, which will be "2".
37.	Filler	X(2)	179	180	Enters	spaces

CHAPTER	Manual Section	Page Number
STARS AGENCY DEPOSIT USER'S MANUAL		Page 15
SECTION	Effective Date	
AUTOMATED SYSTEM INPUT	July 1, 2000	
SUB-SECTION	Revision Number	
DETAIL RECORD FORMAT	00-001	

The DETAIL RECORD LAYOUT is shown on the next page. The individual field definitions for the DETAIL RECORD LAYOUT are listed in the DETAIL RECORD INSTRUCTIONS sub-section. The "FIELD NAME" is descriptive of the field as it appears in the DETAIL RECORD LAYOUT. The "TYPE/SIZE" reflects the required data format, whether alpha, numeric, or alpha-numeric, as well as the number of characters in the field and any special character format. The "FROM" and "TO" columns reflect the beginning and ending field positions as they also appear on the DETAIL RECORD LAYOUT. The "DESCRIPTION" of the field defines the use and edit requirements for the field.

The circled numbers on the DETAIL RECORD LAYOUT references the field number under the "NO." heading in the DETAIL RECORD INSTRUCTIONS.



CHAP	TER STARS AGENCY D	PPOSIT US	SFR'S M	IANUAI	Manual Section Page Number Page 17
SECTI		Effective Date July 1, 2000			
SUB-S	ECTION DETAIL REC	Revision Number 00-001			
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESCRIPTION
ID PC	ORTION				
1.	Data Type	Α	1	1	Enter an "A".
2.	Batch Agency	A99	2	4	Must be the same as item 2 on Batch Record. This is the Agency number of the agency submitting the batch.
3.	Batch Date	9(6)	5	10	Must be the same as item 3 on Batch and Header Record. This is the date corresponding to the batching process performed by the agency. Format is YYMMDD. This may be the date the computer created the record.
4.	Batch Type	9	11	11	Must be same as item 4 on Batch and Header record. Always a "2".
5.	Batch Number	999	12	14	Must be the same as item 5 on Batch and Header Record. This is the three-digit batch number controlled by the agency which corresponds to the first three digits of every Transaction ID Number within this batch. The first batch number for each day will be "001". For each batch on the tape, this will be incremented by 1 until the maximum of 999 is reached.
6.	Sequence Number	999	15	17	Must be the same as item 6 on Header Record. Each document within a batch will be sequentially numbered starting with 001 and incremented by 1 until the end of the batch is reached. Maximum documents per batch is 050. No numbers will be skipped.
7.	Line Number	999	18	20	Each line or transaction within a document will be sequentially numbered starting with 001 and incremented by 1 until the end of the document is reached. Maximum lines per document is 55. No numbers will be skipped.
8.	Duplicate Record Ind	X	21	21	Enter an "A".

11.

12.

Filler

Filler

Χ

Χ

CHAPT	TER					Manual Section	Page Number
	STARS AGENCY D		Page 18				
SECTION	* · ·	Effective Date					
	AUTOMATE	ED SYSTEM	I INPUT	•		July 1, 2000	
SUB-S	ECTION					Revision Number	
	DETAIL RECORD II	NSTRUCTIO	DNS (co	ntinued)	00-001	
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESC	RIPTION	
ID PC	ORTION (continued)						
9.	Filler	X	22	22	Enter a	a space.	
10.	Filler	X	23	23	Enter	a space.	

24

25

24

25

Enter a space

Enter a space.

CHAP	TER STARS AGENCY D	Manual Section Page Number Page 19			
SECTI		Effective Date July 1, 2000			
SUB-S	ECTION DETAIL RECORD I	Revision Number 00-001			
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESCRIPTION
DATA	A PORTION				
50.	FM	99	26	27	Fiscal Month transaction is to be posted.
51.	Transaction Code	999	28	30	Enter the appropriate deposit transaction code.
52.	Agency Number	A99	31	33	Enter the Agency Number of the Agency.
53.	Mini-Code	9(4)	34	37	Enter the appropriate four-digit code which represents program and organization data.
54.	Subfund Code	9(4)	38	41	Enter the appropriate four-digit code which represents fund data.
55.	Filler	X(6)	42	47	Enter spaces.
56.	Encumbrance Number	X(7)	48	54	Provisions are made for encumbrance accounting. When implemented, enter the appropriate purchase order or contract number for which disbursement is being made. This column must be used when repaying travel advances. Enter the agency voucher number of the initial travel cash advance for the disbursement of the advance and on all vouchers making repayment of the travel advance.
57.	Filler	X(4)	55	58	Enter spaces.
59.	Project Code	9(4)	59	62	Required for Federal grants and contracts, and capital projects. Enter the appropriate four-digit number which identifies the project for which a deposit is being made.
60.	Project Phase	99	63	64	Enter the two-digit code which indicates the project phase for which a deposit is being made. This field must be coded if the PROJECT CODE field is entered.
61.	Agency Reference	X(7)	65	71	Enter the agency reference number for the particular line item.

CHAP	ΓER				Manual Section Page Number
	STARS AGENCY D	DEPOSIT US	SER'S M	1ANUAL	Page 20
SECTI-	ON AUTOMATI ECTION	Effective Date July 1, 2000 Revision Number			
COBC	DETAIL RECORD I				
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESCRIPTION
	A PORTION inued)				
62.	Object Code	9(4)	72	75	Enter the four-digit code as required to indicate the type of refund of expenditure or revenue.
63.	Detail Object Code	99	76	77	Enter the two-digit code as required to indicate the detail type of expenditure or revenue.
64.	Transaction Amount	9(10)V99	78	89	Enter the dollar and cents amount of the transaction. Maximum amount is 9,999,999,999.99. Do not enter punctuation and leave unsigned. If a travel transaction and payee is a vendor, the amount pertains to the person performing the travel the same as type, miles, or trips.
65.	Multi-Purpose	X(10)	90	99	Enter any alphanumeric data that relates to the transaction. Maximum length is 10 positions. Use of this field is optional.
66.	Social Security Number	9(9)	100	108	For travel refunds with vendor as payee (transcode 220, 240, 245) enter the social security number of the traveler who made trips on behalf of the State.
67.	SLN	X	109	109	For refund of travel, if a traveler is a State Employee, enter an "S". If the traveler is a legislator, enter an "L". If the traveler is a neither of the above enter an "N".
68. 69. 70.	Traveler's Name	X(18)	110	127	For travel refunds with vendor as payee enter the last name (surname), first initial, and middle initial of given name of traveler.

CHAPT						Manual Section Page Number
OFOTI	STARS AGENCY D	Page 21				
SECTION	AUTOMATE	Effective Date July 1, 2000				
SUB-SI	ECTION					Revision Number
	DETAIL RECORD II	NSTRUCTIO	NS (co	ntinued)	00-001
NO.	FIELD NAME	TYPE/SIZE	FROM	<u>TO</u>	DESC	RIPTION
DATA PORTION (continued)						
71.	Number of Miles/Number of Trips	9(4)	128	131	air tri travele may b rate tir miles, fraction to the of tri	avel refunds, enter the number of ps taken or number of miles ed. Maximum of four digits (9999) e entered. If miles, the maximum mes miles cannot be exceeded. If the amount is a whole number-any n part of a number will be rounded nearest whole number. If number ps, the amount is always in edths - always include two decimal
72.	Filler	X	132	132	Enter a	a space.
73.	Filler	XXX	133	135	Enter	spaces.
74.	Filler	X	136	136	Enter	space.
75.	Filler	X(44)	137	180	Enters	spaces.

TO: Agency Finance Directors

FROM: Grady L. Patterson, Jr.

State Treasurer

DATE: August 10, 2000

SUBJECT: AUTOMATED DEPOSIT SYSTEM INPUT

I am pleased to inform you that my staff has completed the AUTOMATED DEPOSIT SYSTEM INPUT project. This system will allow State agencies to electronically submit STARS Treasurer's Deposits to my office by magnetic medium. If your agency is able to do so, I encourage you to adopt this method of recording revenue to STARS as soon as practical. I am committed to finding and recommending efficiencies and cost savings for State Government. This is a tremendous opportunity to save time and money.

Enclosed is an AGENCY USER'S MANUAL for AUTOMATED DEPOSIT SYSTEM INPUT, which describes the system and gives the necessary record layouts with instructions. Please contact Harry Traylor at (803) 734-2106 if you should have any questions, or if you desire to start submitting your deposits electronically.